Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4-5-14	Street:	2913 S HACKLEY ST	
Incident #:	14ISPC02826	Apt, Lot, Ro	Apt, Lot, Room #:	
County :	DELAWARE	City:	MUNCIE	
Type of Laboratory Seizure (check one) Seizu		Seizure Location	zure Location (check all that apply)	
□ Lab Seizure □ □ Chemical Seizure □ □ Equipment Seizure □ □ Dumpsite Seizure □		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): OPEN		☐ Corros	☐ Anhydrous Ammonia: ☐ Corrosive Acid: OPEN AIR	
	e Solvents: OPEN AIR active Metal (Lithium): OPEN AIR	Ammo	sive Base:onium Nitrate/Sulfate: (item and location):	
Child under age 18 discovered (check appropriate)				
No No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: MUNCIE FIRE DEPTM tment County: DELAWARE CO of Child Services Hotline: dcshotlinere	Fax: Fax: ports@dcs.in.gov	<u> </u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TRP. MIKE MCCREARY</u> Phone <u>317-899-8577</u>				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.